

APR 134

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

09/674377

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.
1						51					
2	1					52					
3	2					53					
4						54					
5	1	2				55					
6	1					56					
7	2					57					
8	2					58					
9	2					59					
10	2					60					
11	2					61					
12	1					62					
13	1					63					
14	1					64					
15	1	2				65					
16	1	2				66					
17	1					67					
18	1					68					
19						69					
20						70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
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33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	10					TOTAL IND.					
TOTAL DEP.	16					TOTAL DEP.					
TOTAL CLAIMS	56					TOTAL CLAIMS					